

THE PETERSON COUNSELING CENTER

2700 N. Tamiami Trail, Sarasota, Florida 34224

Telephone: (941)893-2855 Fax (941) 359-4854



**Ringling College
of Art + Design**

1a. ____ I AUTHORIZE THE FACILITY/INDIVIDUALS NAMED TO DISCLOSE/RELEASE THE LISTED INFORMATION TO THE PETERSON COUNSELING CENTER (PCC) AND ITS STAFF.

1b. ____ I AUTHORIZE ALL STAFF OF THE PCC & ANY CONTRACTED PROVIDERS AT RINGLING COLLEGE TO DISCLOSE/RELEASE THE INFORMATION BELOW FROM THE RECORDS OF:

2. Name: _____ Birth Date: _____
Last First MI Month / Day / Year

3. THIS INFORMATION IS TO BE DISCLOSED/RELEASED TO THE FOLLOWING:

- 3a. ____ Sarasota Memorial Health System
- 3b. ____ Office of the V.P. for Student Life & Dean of Students & Assoc. Dean of Students or Designee
- 3c. ____ Residential Life Director, Assistant Directors, and/or Staff Coordinators
- 3d. ____ Registrar and Academic Advising Team
- 3e. ____ Academic Resource Center and others as helpful to discuss disability-related information
- 3f. ____ Office of International Student Affairs
- 3g. ____ Manatee Glens Hospital (Fax: 941-782-4602)
- 3h. ____ Ringling College Public Safety
- 3i. ____ Name: _____ Relationship: _____
Address/Fax: _____
Phone Numbers: _____

4. The information disclosed may include **attendance** as well as (*please initial wherever applicable*):

- 4a. ____ All Mental Health records including discharge summary, diagnosis, & recommendations
- 4b. ____ Medication prescription and monitoring records
- 4c. ____ Records for alcohol and other drug treatment
- 4d. ____ Entire Medical Record or 4f. ____ Other: _____

5. **Please read carefully.** This information is to be disclosed for the purpose of coordinating efforts to help me, and may be shared in person, by phone, fax, mail, or by e-mail or other electronic means. Providers receiving or providing information, not The Person Counseling Center (PCC), are responsible to ensure compliance with all applicable laws for both mental health and substance-related treatment records as well as information regarding confidentiality and nondisclosure to third parties. The signer understands that The PCC makes no claims or guarantees about the handling of information by the parties above once released and agrees not to hold Ringling College, PCC, or its staff liable for any consequences that result from such disclosure or non-disclosure. Individuals receiving the information may be governed by different or less strict laws/guidelines regarding the release of information than the counseling center staff. If you are a third party receiving this form, the identity of the named individual and any enclosed or attached documents may contain information that is confidential, proprietary, privileged or otherwise protected by law. It is to be viewed only by the intended recipient(s). If you are not the intended recipient, any disclosure, copying, or distribution of the content, or any action or omission taken by you in reliance on it, is prohibited and may be unlawful. If you are not the intended recipient(s), please notify Peterson Counseling Center and destroy your copy at once.

6. I understand that paper or electronic copies of this authorization shall be considered sufficient authorization for the release of records. I release Ringling College, my therapist and their supervisor(s) from any liability arising from the release, miscommunication, or failure to release information, provided the release is done substantially in accordance with the law. I understand that I need not sign this consent form in order to receive services at this facility. I understand that I may revoke these permissions at any time in writing, except to the extent that the providers have already acted in reliance on it. Absent such prior withdrawal or another date noted above this consent will expire in one year or 90 days after last point of contact or 90 days after my last date of enrollment at Ringling College, whichever is longer. I have been provided an opportunity to ask any questions and have either declined or received sufficient answers to my questions. **By signing this release form, I acknowledge that I have thoroughly read and voluntarily granted all aforementioned permissions.**

7. _____ Date _____
Signature of Student or Legally Authorized Representative
*If other than self signing, note relationship _____

(Optional) Signature of Witness Date